

Annual Beneficiary Grievance Report Fiscal Year 2004/2005
San Bernardino County MHP

PROBLEM TYPE	TOTAL NUMBER BY CATEGORY	CATEGORIES					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	8	8	0	0	0	0	0	7	1
DENIED SERVICES (NOA-A Assessment)	14	13	1	0	0	0	0	10	4
CHANGE OF PROVIDER	11	11	0	0	0	0	0	7	4
Inappropriate Behavior	31	30	0	0	1	0	0	29	2
Inappropriate Behavior (Non TX Staff)	7	7	0	0	0	0	0	6	1
Denial of Rights	1	1	0	0	0	0	0	1	0
Legal Issues	5	4	0	0	1	0	0	5	0
Treatment (Disagreement)	19	19	0	0	0	0	1	16	2
Medication (Complaint)	17	17	0	0	0	0	0	15	2
Cultural Issues	11	11	0	0	0	0	0	11	0
Disability Issues	1	1	0	0	0	0	0	1	0
Wait Time (office/phone)	4	4	0	0	0	0	0	4	0
Reduction In Services	3	0	1	0	2	0	0	3	0
Administrative Issues (Bad record, lost paperwork)	1	1	0	0	0	0	0	1	0
Cost/Billing Issues	11	11	0	0	0	0	0	11	0
Personal Issues (Financial, Transportation)	4	4	0	0	0	0	0	3	1
Facility Complaint	4	4	0	0	0	0	0	4	0

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Medical Records Issues	11	11	0	0	0	0	0	11	0
Termination of Services	2	1	1	0	0	0	0	2	0
Facility Change	1	1	0	0	0	0	0	1	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	19	14	2	0	3	0	2	14	3
TOTALS	186	174	5	0	7	0	3	163	20
QUALITY OF CARE (Findings)		11	0	0	0	0	0	10	1

Please submit by November 18, 2005 to:

DMH
County Operations Liaison
County Operations Section
1600 Ninth Street, Room 100
Sacramento, CA 95814

Prepared by: Greg Walker
Telephone #: (909) 381 - 2420
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